Results: After the forward-backward translation process, small incompatibilities were resolved during the expert committee meeting. For example, ‘ander transport (heen en terug) was translated as ‘Dijker hedelere (gipid gelmek). The meaning in English is ‘other transport (round trip)’. This item questions the way of going to other places and the discrepancy raised whether to use ‘transportation’ or the ‘target’ as the title. To make it culturally adaptable consensus reached to use a word equivalent to ‘the target’ which is semantically equal to the Dutch version. A total of 10 patients with axSpA [7 females, mean (SD) age of 38 (10)] participated in the field test. Mean (SD) time to complete the mSQUASH was 6.1 (2.4) minutes. Cognitive debriefing showed that items of the mSQUASH are clear, relevant, understandable, and easy to complete. None of the patients indicate any important aspect of physical activity that is missing from the questionnaire items. During the cognitive debriefing, 2 patients suggested a change in the wording of one item to make it more suitable to the Turkish culture. This item inquires after sport activities and patients raised the concern that the example activities, i.e., re-skating, tennis, handball, are not culturally suitable. According to their comments these items were replaced by other examples such as football.

Conclusion: The final Turkish version of the mSQUASH showed acceptable linguistic validity and can be used in both clinical practice and for research purposes. However, to implement the Turkish version of the mSQUASH, further assessment of its psychometric properties (validity and reliability) is needed.

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AB0032

NONINFECTIOUS UVEITIS FROM THE RHEUMATOLOGIST’S PERSPECTIVE: PATTERNS FROM A SINGLE TERTIARY REFERRAL RHEUMATOLOGIC CLINIC IN ITALY

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Background: The noninfectious uveitis (NIU) is the intraocular inflammation that can be the first or one of extra-articular manifestations of systemic inflammatory rheumatic diseases mainly including spondyloarthritis (SpA), Behcet’s disease (BD) and juvenile idiopathic arthritis (JIA). Rheumatologists are often asked to help in diagnostic assessment and relatively targeted treatment of particular subsets of NIU.

Objectives: To explore patterns and treatments of NIU from a population-based single-center study carried out in a Tertiary Referral Rheumatologic Clinic.

Methods: Selection criteria of this cross-sectional descriptive study consisted of having a diagnosis of NIU in an age of onset ≤16 years old regardless of its etiology among patients who were admitted (February 2018–December 2021) to Rheumatologic Clinic of Tor Vergata University Hospital (Rome, Italy). Clinical data were collected from medical records: gender, age of onset and admission, recurrence and anatomic patterns, HLA-B27 susceptibility, associated rheumatologic diagnosis and treatments were investigated.

Results: We included 100 patients with 58% women. Median age at NIU onset was 39±6±5 years whereas patients were 44±14 years old at the first referral, without gender-difference. NIU represented the main reason of referral in 22% of cases. Anterior uveitis occurred in 73% of patients and posterior in 25%; intermediate (IU) and panuveitis (PanU) were isolated cases. The prevalent course was acute (57%) followed by recurrent (31%) and chronic (12%); both eyes were involved in 39 patients. Almost half of NIU was associated with SpA including IBd-SpA (20%), ankylosing spondylitis (AS, 18%), and Psoriatic Arthritis (12%). A diagnosis of BD was reported in 14% of NIU while Rheuma- tid Arthritis and other systemic autoimmune diseases occurred in 11% and 12%, respectively. Idiopathic NIU and JIA-NIU constituted the lowest prevalence (8% and 5%, respectively). A higher prevalence of BD-NIU and AS-NIU resulted in males than females (p<0.01 and p<0.05, respectively). One-third of the NIU cohort (34.3%) showed B27*: a higher percentage of unilateral (p<0.08) and acute course (p<0.02) occurred in B27* than B27*, AS was prevalent in B27* NIU than B27* (p<0.0001) while IBd-SpA and BD were mainly present in B27* NIU than B27* (>0.09 and p=0.04 respectively). The only two cases of IU and PanU were both idiopathic B27* NIU. At the onset of NIU, most patients were not on systemic treatment (68%): remaining cases were on cDMARDs (22%) and bDMARDs (10%). During rheumatologic follow-up, 80% of patients changed therapies: cDMARDs were added in 43.7% patients while bDMARDs were started in 40%. Systemic steroids were added in the remaining 16.3% of patients. At the latest follow-up (follow-up-time 33±28 months), 86% of patients had achieved remission of NIU while 14% had recurrence of active uveitis.

Conclusion: Findings from this population-based study describe a representative estimate of extent and patterns of NIU in an Italian adult cohort from a single Rheumatologic Clinic and document that Rheumatologic referral might dramatically impact treatment strategies in NIU.

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Disclosure of Interests: None declared


AB0031

THE QUALITY OF LIFE IN PATIENTS WITH ANKYLOSING SPONDYLITIS EVALUATED UNDER SF-36 QUESTIONNAIRE: ITS CONNECTION WITH THE DISORDER OF BONE MINERAL DENSITY

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Background: In recent time, the peculiarities of the quality of life in patients with many chronic diseases, which progress unexpectedly and lead to the restriction of all components of normal life, are being actively studied. Ankylosing spondylitis (AS) is no exception, it is the second most common inflammatory rheumatic disease, characterized by predominant lesions of the spine and sacroiliac joints. Rapid progression of the disease, constant pain in the joints, as well as in the periarticular tissues and muscles lead to significant functional limitations, gradual loss of mobility of the spine and deterioration of the quality of life. However, impaired quality of life can be caused not only by the manifestations of the underlying disease, but also by the presence of complications observed in the early stages of the disease. Thus, it is the decrease in bone mineral density and the development of osteoporosis that cause pathological fractures and, as a result, lead to early disability, reduced duration and quality of life. However, clear data on the peculiarities of the quality of life in patients with AS suffering from impaired bone mineral density have not been found to date.

Objectives: To investigate quality of life indicators using the SF-36 questionnaire in men with AS and to assess their relationship with the structural and functional state of bone tissue.

Methods: 105 patients with AS aged 40.7±0.8 years were examined, the age duration of the disease was 8.7±0.5 years. The control group included 25 healthy individuals of appropriate age and sex. All patients were diagnosed with AS according to ASAS criteria (2009). The SF-36 questionnaire was used to characterize the quality of life. Bone mineral density was measured by dual-energy X-ray absorptiometry on a Hologic Discovery W1 apparatus (S/N 67223).

Results: The analysis of quality of life according to the SF-36 questionnaire showed that patients with AS had significantly lower indicators of both physical (37.3±1.5 points) and mental (44.2±1.7 points) components of health in comparison with the control group (99.1±0.3; 97.4±0.7 points, respectively). Among the subscales that form the total physical component, the lowest indicators were recorded in role physical functioning (RP) (14.0±0.3 vs. 99.0±0.6 points) and pain (P) (37.2±1.6 vs. 100.0±0.0 points). And according to the subscales assessing the mental component of health, the most significant differences were found for the indicator of role emotional functioning (RE), which was 4.5 times lower than in the control group (22.2±3.9 vs. 98.2±0.7 points, respectively).

The study did not reveal significant differences in the quality of life in case of low bone mineral density (BMD). The average levels of total physical and mental components of health in patients with BMD (35.2±2.4; 42.2±3.2 points) were only 12.2–71% lower than in patients with preserved BMD (40.8±2.7; 46.4±2.8 points, respectively). In the group of patients with osteoporosis (Z-score -2.7±0.1) there was a tendency to reduce the physical component due to the indicator of general health (GH), which was significantly lower (35.8±2.1 points) than in patients with preserved BMD (43.4±2.7 points).

Conclusion: In men with AS, there is a significant decrease in the total physical and mental components of health according to the SF-36 questionnaire which do not have a clear relationship with structural and functional state of bone tissue.

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